January 13, 2004

The Honorable John H. Thomas, Chairman
N.H. House of Representatives
Science, Technology and Energy Committee
Legislative Office Building, Room 304
Concord, New Hampshire 03301

Re: HB 1141 - An Act Relative to Dioxin Emissions Reduction and Medical Waste Incinerators

Dear Chairman Thomas and Members of the Committee:

Thank you for the opportunity to testify in support of HB 1141, which seeks to provide clarification of definitions for dioxin emissions reduction, and to eliminate the combustion of medical waste in New Hampshire. Two years ago, the Department of Environmental Services (DES) announced a new initiative, *The New Hampshire Dioxin Reduction Strategy*, as part of its continuing effort to identify and reduce significant threats to public health and environmental quality. The goal of the *Strategy* was to identify the principal sources of dioxin emissions and to recommend actions to substantially reduce the exposure of New Hampshire citizens to dioxin, a class of highly toxic chemicals that are created as byproducts of the incomplete combustion of certain materials. In response, the Legislature enacted a new law, RSA 125-N, which authorized DES to establish a dioxin emissions reduction and control program, and as its first step, banned the open burning of household waste in New Hampshire. Our support for HB 1141 is based primarily on the findings of the *Strategy* and the legislative mandate set forth in RSA 125-N.

Dioxin is an important public health threat that merits urgent attention. Although dioxin is released into the environment in very small quantities, it is highly toxic and it builds up in soils, sediments and plants; bioaccumulates in animal and fish tissue; and passes up the food chain to people. Dioxin can produce a variety of adverse health effects in humans including reproductive and developmental disorders, suppression of the immune system, and cancer – even at very low levels of exposure. In fact, on January 19, 2001, the U.S. Department of Health and Human Services, National Toxicology Program listed the most potent dioxin compound, 2,3,7,8-TCDD, as a *known human carcinogen* – its strongest cancer risk characterization. The U.S. Environmental Protection Agency (EPA) estimates cancer risks from dioxin exposure for the general population to be in the range of 1-in-1000 to 1-in-100; 3 to 30 times higher than previously thought.

Based on calculations of New Hampshire's overall dioxin emissions, the *Strategy* estimated that the State's eight Hospital, Medical and Infectious Waste Incinerators (HMIWIs) were New Hampshire's largest combined source of dioxin emissions at almost 29% of the statewide total. HMIWIs produce elevated amounts of dioxin primarily due to inefficient combustion design, lack of emissions controls, and the comparatively high chlorine content of plastics in the waste. Since the publication of the *Strategy* and implementation of the State's federally mandated HMIWI plan, six of the eight hospitals operating HMIWIs in New Hampshire were able to reduce their waste generation to the point where on-site incineration was no longer cost-effective and have opted to permanently close them. Two New Hampshire HMIWIs are still in operation. However, the hospitals operating these HMIWIs recognize the environmental and public health

impacts of on-site waste incineration, and are currently seeking to find cost-effective disposal alternatives for their medical/infectious wastes.

There is also concern over the potential construction of new HMIWIs. As the costs associated with medical waste disposal continue to escalate, it is expected that there may be increased economic incentive to construct a new, high-capacity regional medical waste incinerator somewhere in the Northeast. Since construction of new HMIWIs is already prohibited by law in all other New England states, New Hampshire remains the only feasible site for locating such a facility. While DES supports less polluting alternative medical waste treatment technologies such as microwave and steam sterilization, we do not feel it is in the state's best interest to host a large regional medical waste incinerator.

HB 1141 will address these issues by phasing out operation of the two remaining HMIWIs over the next ten years, and prohibiting the construction of any new HMIWIs in the state.

HB-1141 was originally drafted in close consultation with representatives of New Hampshire's health care industry to be sure that the provisions of the bill would be feasible, practical and effective. The intent of HB 1141 is to assure that the health of New Hampshire citizens is not significantly impacted by dioxin produced from incineration of medical waste, while at the same time avoiding undue economic burden on New Hampshire's medical services providers.

Thank you for the opportunity to offer our support for HB 1141. Please feel free to call Rick Rumba (Air Toxics Program Manager) at 271-1987, Robert Scott (Air Resources Division Director) at 271-1380 or me at 271-3503 if you have any questions or would like further information.

Sincerely,

Michael P. Nolin
Commissioner

cc: House Science, Technology and Energy Committee Members
Representative George T. Musler (House Environment and Agriculture Committee)
Representative James G. Phinizy (House Environment and Agriculture Committee)